



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

**RENEWAL MAXIMUM RATE SCHEDULE  
CONSUMER LOANS**

S.C. Code Ann. §§ 37-3-201, -305 & Reg. 28-70  
(803) 734-4238 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**

2221 Devine St., Ste. 200  
Columbia, SC 29205-2418

**Application can be filed online. Visit [www.consumer.sc.gov](http://www.consumer.sc.gov) and click on “online licensing.”**

**IMPORTANT:** Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary. For more information, refer to the Registered Creditors Filing Instructions and Flowchart on our website (click “Business/Industry Information” then “Registered Creditors”).

**\*Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.\***

## GENERAL INFORMATION

Business Name

(Headquarters/Main)

DBA

BOFI# \_\_\_\_\_

**Attach a list of all branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person; and Board of Financial Institutions License No., if applicable. If you conduct transactions through a website, the website must be filed as a location (website address is the location/DBA name).**

Type of Business  
(check one and provide  
FTIN or SSN in box to  
right)

☐ Corporation

☐ Limited Liability Company

☐ Limited Partnership

☐ Limited Liability Partnership

Are you in good standing with the Secretary of State's Office?

☐ Yes

☐ No

☐ General Partnership

☐ Sole Proprietorship

Fed Tax ID No. (last 4)

SSN (last 4) \_\_\_\_\_

Physical Address

City

State

Zip

Mailing Address

(If different from above)

City

State

Zip

Website Address

Designated/Registered Agent\*

Mailing Address

City

State

Zip

*\*The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person\*\*

Telephone No.

( ) -

E-mail Address

Fax No.

( ) -

*\*\*The contact person is the person the Department will call with any questions about the application.*

## QUESTIONS

Category	Maximum Annual Percentage Rate (APR)	
	Fixed APR for Loans	Variable APR for Loans
1. Unsecured Personal Loans ( <i>no collateral</i> ) 1a. _____		
2. Secured Personal Loans, Non-Real Estate ( <i>collateral other than real estate</i> ) 2a. _____ 2b. _____ 2c. _____		
3. Real Estate Mortgage Loans ( <i>real estate is used as collateral</i> ) 3a. _____		
4. Open-End (Revolving) Loans ( <i>month to month up to limit</i> ) 4a. _____		
5. All Other Consumer Loans ( <i>doesn't fall into 1-4</i> ) 5a. _____		

6. What is the nature or type of your business? \_\_\_\_\_

7. Enter the number of all S.C. addresses where consumer loans are made or assignment of same are accepted. If you have no South Carolina address enter 1 for number of locations. \_\_\_\_\_

8. Multiply the number of locations determined in line 7 by **\$40.00**. YOUR FILING FEE IS: \$\_\_\_\_\_

9. Is this your first time filing a Maximum Rate Schedule form? ☐ Yes ☐ No  
*If "Yes," what is the date your business opened \_\_\_\_\_ and have you charged above 18% APR since opening and prior to this filing?* ☐ Yes ☐ No

10. If a variable rate is applicable to one or more of the above categories, indicate the index for calculating changes in the rate and the cap on any increases or decreases in the rate below.

### VARIABLE APR ONLY

Category	Cap	Explain the index for calculating rate changes
10a.		
10b.		
10c.		

11. Did your annual gross volume of business exceed \$150,000 in cash and credit combined? ☐ Yes ☐ No  
 (Gross volume/sales is the amount reported to the Internal Revenue Service).  
*If "Yes," complete the Consumer Credit Grantor Notification form.*

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**